

Name of Program _____

SALARY AND FRINGE BENEFITS

Position	List Name(s) of Staff Member(s) in Position	ABC (State) Portion		Local Match	
		Budgeted	Actual Expenditures through 12/31/05	Budgeted	Actual Expenditures through 12/31/05
Program Coordinator					
Program Coordinator					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Lead Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Other Classroom Teacher					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Paraprofessionals					
Substitutes					
Substitutes					
Substitutes					
Substitutes					
Administrative Support					
Administrative Support					
Administrative Support					
Other:					
Other:					
Other:					
Total Fringe Benefits					
TOTAL SALARY/FRINGE		\$ -	\$ -	\$ -	\$ -